

**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services**

**Complaints/ Grievances and Concerns,
Information and Referrals,
Investigations
and Medicaid Appeals**

**Guidelines for Customer Service Form and Quarterly
Complaint/Grievance Trend Report**

June 2012



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FORM ACS01 GENERAL INSTRUCTIONS

Purpose

The purpose of the **DHHS Standardized Customer Service Form** (DMH/DD/SAS Form ACS01) is to assist in documenting concerns, complaints/grievances, compliments, investigations and requests for information involving any person requesting or receiving publicly-funded mental health, developmental disabilities, and/or substance abuse (mh/dd/sa) services, a local management entity (LME/MCO), or a MH/DD/SA service provider. Quarterly reporting of complaints/grievances submitted to the LME/MCO is required by 10A NCAC 27G .0606 and this standardized form is an option for LMEs/MCOs to use to document customer service issues such as concerns, complaints/grievances, compliments, investigations and requests for information.

Who May Use The Form

This form was developed in order to have a standardized form designed to assist LMEs/MCOs in documenting customer service issues such as concerns, complaints/grievances, compliments, investigations and requests for information received by each LME/MCO Customer Service and Community Rights Office. This form is applicable to both 122C licensed and non-licensed service providers. Regardless of the form used to collect the information, data collected from these forms must be compiled, analyzed and submitted to DMH/DD/SAS on a quarterly basis as required by 10A NCAC 27G .0609.

What To Report And Where To Report It

Document any concern, complaint/grievance, compliment, investigation and request for information involving any person requesting or receiving publicly-funded mental health, developmental disabilities, and/or substance abuse (mh/dd/sa) services, a local management entity (LME/MCO), or a MH/DD/SA service provider. Information may be documented on this form (electronically or in writing) and recorded in your agency's database or spreadsheet for analysis.

How To Complete

- Electronically: The form is a Word document that can be completed on your computer. *Before filling out the form*, save the document with another name in order to protect your master copy of the form.
- Manually: Print the blank form and type or write in the answers, making sure your answers are legible.
- The form is available at:
<http://www.ncdhhs.gov/mhddsas/statpublications/Forms/LMEForms/quarterlycomplaintreportform2-5-10.doc>

FORM ACS01 (Revised June 2012) SPECIFIC INSTRUCTIONS

The staff person who receives the complaint should complete the complaint form upon receiving the complaint/grievance.

Person Reporting Customer Service Issue

- Record the date received and tracking number.
- Provide the name, address, phone numbers (home and work as applicable), date received and the category of the person reporting the concern, complaint/grievance, compliment, investigation or requesting information.
- If a family member is also the guardian, please check guardian only. If parent of adult child is not guardian, check family member.

If Customer Service Issue Involves A Client

Provide all information requested if the concern, complaint/grievance, compliment, investigation or information request involves a consumer. Please note the following:

- Age will be listed as adult (18 years and above) or child (birth to 17). Actual date of birth will be recorded in DOB area. If you are unable to obtain the age of the consumer, please list “unknown”. If the customer service issue does not relate to a specific consumer, please list “does not apply”.
- Disability- please check each of the mh/dd/sa diagnosis categories as applicable. The purpose of this information is to aid the Customer Service staff in determining the appropriate response needed. If you are unable to obtain the diagnosis of the consumer, please list “unknown”. If the customer service issue does not relate to a specific disability, please list “does not apply”.
- If the consumer is not his or her own guardian, request information about the guardian or legally responsible person.
- The type of funding source is collected to aid the Customer Service staff in determining the appropriate response needed.

How Customer Service Issue Was Received

Check the method by which the Customer Service staff originally received this information.

If Referred To The LME/MCO, Indicate Referral Source And Specify Which LME/MCO Or Office

If the LME/MCO Customer Service Office staff received information from an LME/MCO or other agency, please specify the type of agency.

Type Of Case

Please check the type of case received. If the case was not received as an investigation but later becomes an investigation, please remove the original case type and check investigation. A complaint/grievance or concern is any expression of dissatisfaction in writing or orally that the complainant perceives as a problem. An investigation is the process of conducting a formal inquiry into allegations related to funding, rights protection or LME/MCO responsibilities as defined by policies, rules and State and Federal laws governing mh/dd/sas.

Nature Of Primary Customer Service Issue:

Please check either concern, complaint/grievance, compliment, investigation or information request in the “primary nature of concern” field. Many concerns, complaints/grievances, compliments, investigations or information requests will have many issues, but only the primary issue needs to be checked. Please note the following:

- Abuse, Neglect and Exploitation- any suspicion must be immediately reported to the local Department of Social Services
- Access to Services- any complaint where an individual is reporting that he/she has not been able to obtain services
- Client Rights Issue- Any allegation regarding the violation of the rights of any consumer of mental health/developmental disabilities/substance abuse services. Clients Rights include the rights and privileges as defined in General Statutes 122C, APSM
- Case Management- involves the need/request for case management services as well as any concerns, complaints, compliments, investigation or information requests.
- Communication issues also include concerns regarding ADA accommodations.
- Cultural sensitivity includes any issues regarding race or ethnicity.
- Incident/Safety Concern - Any complaint regarding an incident or safety concerns during the provision of services or at a service site.
- LME/MCO Functions- any complaint regarding LME functions such as Governance/ Administration, Care Coordination, Utilization Management, Customer Services, etc.
- Payment/Billing Issue - Any complaint regarding the payment/financial arrangement, insurance, and/or billing practices regarding mh/dd/sas.
- Provider Choice - Any Complaint that a consumer or legally responsible person was not given information regarding available service providers.
- Quality of Care - Any complaint regarding inappropriate and/or inadequate provision of services, including medication issues regarding the administration or prescribing of medication, including the wrong time, side effects, overmedication, refills, etc.
- .Service Provider - Any complaint regarding the action or behavior of a specific service provider staff or agency.

Customer Service Issue Notes:

Please document information and dates provided by the person reporting the concern, complaint/grievance, compliment, investigation or information request.

If Customer Service Issue Is About A Provider Or Agency

If the concern, complaint, compliment, investigation or information request involves a provider or agency, please provide the requested information.

Action Taken By LME/MCO:

Please check the action completed by LME/MCO for a resolution of the issue.

- If an investigation is completed by LME/MCO staff, please complete all sections of the “Conducted Investigation” field.
- If information was referred to the local Department of Social Services, Division of Health Service Regulation, DMA (including Program Integrity) and/or Division of Mental Health/Developmental Disabilities/Substance Abuse Services, please complete all sections of the “Referred To” field.

Summary Of Concern Issue(s), Investigations And Actions Taken

Please record the steps taken toward resolution of the issue. Please include dates of the actions.

Final Disposition

Please include a statement and date about the final action/resolution of the issue. Please also check whether the issue was resolved/completed, partially resolved or unresolved. Information requests are resolved/completed when the requested information is provided or when you have properly referred the person to another resource. A complaint/grievance or concern is considered resolved/completed when the consumer/citizen accepts the outcome, withdraws his/her concern/complaint, referral to an appropriate state or licensing agency or when no further action can be taken to assist the consumer. Please follow timeframes in Rules 10A NCAC 27G .0606, .0607 and .0609 and the Policy for Consumer Complaints to an Area/County Program (DMH/DD/SAS Communication Bulletin #38). Per 10A NCAC .0606, LME/MCO staff should contact the state or local government agency to whom they referred the complaint in order to determine the actions the State or local government agency has taken in response to the complaint. Examples of when no further action can be taken include legal actions that require an attorney, restrictions of rules and laws, issues that are not within the scope of responsibility of the LME/MCO, person has exhausted all available steps in the complaint/grievance process, etc. In these cases, information and/or referral source is provided to consumer/citizen in addition to the reason that CSCR staff can take no further action. Investigations are resolved/completed when LME/MCO has completed all steps of their investigations and has mailed the final report to all applicable individuals (such as the complainant) and involved agencies. This includes any follow-up or corrective action reports that are generally completed by the Quality Management team at the LME/MCO.

Note: Please also include the number of calendar days from receipt to completion, including days of investigation by other agencies. (The number of days that DSS, DHSR, DMA (including Program Integrity) or DMH/DD/SAS was involved is reported in the “Action Taken By LME/MCO” Section.) Please also provide a listing (and dates) to whom written feedback regarding the final disposition was provided.

QUARTERLY REPORTING OF COMPLAINTS

The collection of data regarding complaints/grievances and the reporting of these complaints/grievances to DMH/DD/SAS is required by 10A NCAC 27G .0609. LMEs/MCOs are required to report aggregate information on complaints/grievances using a form provided by the DHHS. Compliments, requests for information and investigations do not need to be reported on this report.

When To Report

Since many complaints/grievances result in an investigation or provider monitoring, there is a 45 day delay in reporting following the end of the quarter in order to obtain the outcome/resolution information for each complaint grievances.

What/Where To Report

Aggregate information on complaints is submitted to the LME/MCO Customer Service Office. For each type of complaint, report:

- (1) the total number of complaints grievances received by the Customer Service Office,
- (2) the total number of persons (by category) who are reporting complaints grievances,
- (3) the age (if applicable) of the consumer involved in the complaint grievances,
- (4) the disability of the consumer (if applicable) involved in the complaint grievances,
- (5) the primary nature of the complaint grievances /concern *
- (6) patterns and/or trends you have found in your internal QI process (e.g. high numbers of complaints grievances regarding one issue), and
- (7) how you are addressing any problems you have found in those patterns or trends.

*Combined Table for Reporting Complaints/Concerns

| Reporting Category | Definition | Primary Complaint/Concern |
|---------------------------------|--|--|
| Abuse, Neglect and Exploitation | Any allegation regarding the abuse, neglect and/or exploitation of a child or adult as defined in APSM 95-2 (Client Rights Rules in Community Mental Health) | Abuse, Neglect and Exploitation |
| Access to Services | Access to Services as any complaint where an individual is reporting that he/she has not been able to obtain services | Access to Services |
| Client Rights Issue | Any allegation regarding the violation of the rights of any consumer of mental health/developmental disabilities/substance abuse services. Clients Rights include the rights and privileges as defined in General Statutes 122C and APSM 95-2 (Client Rights Rules in Community Mental Health) | Client Rights Issue |
| Confidentiality/HIPAA | Any breach of a consumer's confidentiality and/or HIPAA regulations. | Confidentiality/HIPAA |
| Human Relations | Any complaint regarding inappropriate or inadequate actions of another person in addressing an issue related to mh/dd/sas. | Cultural Sensitivity, Respect, Courtesy, Communication, Responsiveness, Failure to Respond to Complaint. |
| Incident/Safety Concern | Any complaint regarding an incident or safety concerns during the provision of services or at a service site. | Incident/Safety Concern |
| LME/MCO Functions | Any complaint regarding LME functions such as Governance/ Administration, Care Coordination, Utilization Management, Customer Services, etc. | Medication Issue |
| Payment/Billing Issue | Any complaint regarding the payment/financial arrangement, insurance, and/or billing practices regarding mh/dd/sas. | Payment/Billing Issue |
| Provider Choice | Any Complaint that a consumer or legally | Provider Choice, Resource |

| | | |
|--------------------------------|---|--|
| | responsible person was not given information regarding available service providers. | Information |
| Quality of Care/Services | Any complaint regarding inappropriate and/or inadequate provision of services including medication issues such as the administration or prescribing of medication, including the wrong time, side effects, overmedication, refills, etc.. | Quality of Care |
| Level of Care/Treatment Issues | Any complaint regarding the Utilization Review process, including the service plan submission, utilization management decision, level of care decision and/or service authorization | UM Decisions, Service Authorizations, Level of Care Decisions |
| Service Provider | Any complaint regarding the action or behavior of a specific service provider staff or agency. | Service Provider, Case Management, Physician, Staff Person |
| Service Related | Any complaint involving services, treatment planning process, service plan (Person-Centered Plan) and/or services not meeting the needs of the consumer(s). | Service/Discharge Plan, Services not meeting needs |
| Other | Any complaint that does not fit the above areas. | Compliance Issue, Paperwork, Facility-Related (not incident or safety concern) |

The Customer Service form and Quarterly Complaint Trend Report templates are available at:
<http://www.dhhs.state.nc.us/mhddsas/manuals/index.htm#Forms>

Direct Any Questions To:

DMH/DD/SAS Customer Service and Community Rights Team
 Phone: (919) 715-3197 Fax: (919) 733-4962

or

dmh.advocacy@ncmail.net

Glossary

“Complaints/Grievances or Concerns” means an expression of dissatisfaction about any matter other than an action, as “action” is defined in this section. The term is also used to refer to the overall system that includes grievances and appeals handled at the MCO or PIHP level and access to the State fair hearing process. (Possible subjects for grievances include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the enrollee's rights.)

"DHSR" means the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, N.C. 27603.

“Information/Referrals” are either direct requests for information or requests regarding an agency, group, person or service.

“Investigation” is the process of conducting a formal inquiry into allegations related to funding, rights protection or LME/MCO responsibilities as defined by policies, rules and State and Federal laws governing mh/dd/sas. This includes targeted monitoring that is completed by the LME/MCO.

“LME/MCO” means Local Management Entity/ Managed Care Entity.

“Medicaid Appeals” refer to Medicaid recipients filing appeals to DMH/DD/SAS, in accordance with Federal Law Federal Law (42CFR 431. Sub-Part E) and DMH/DD/SAS policy.

“Policy for Consumer Complaints to an Area/County Program (DMH/DD/SAS Communication Bulletin #38)” refers to the policy distributed by DMH/DD/SAS regarding the receipt and processing of consumer complaints. This policy can be found on the DMH/DD/SAS website at the following address:
<http://www.ncdhhs.gov/mhddsas/communicationbulletins/Archive/2005/commbulletin038/commbulletin038-total.pdf>

"Provider Category" means the type of facility in which a client receives services or resides. The provider category determines the extent of monitoring that a provider receives and is determined as follows:

- (a) Category A - facilities licensed pursuant to G.S. 122C, Article 2, except for hospitals; these include 24-hour residential facilities, day treatment and outpatient service;
- (b) Category B – G.S. 122C, Article 2, community based providers not requiring State licensure,
- (c) Category C - hospitals, state-operated facilities, nursing homes, adult care homes, family care homes, foster care homes or child care facilities and
- (d) Category D - individuals providing only outpatient or day services who are licensed or certified to practice in the State of North Carolina.

Applicable Administrative Rules

10A NCAC 27G .0606 AREA AUTHORITY REQUIREMENTS CONCERNING COMPLAINTS PERTAINING TO ALL PROVIDER CATEGORIES

(a) The area authority or county program shall respond to complaints received concerning the provision of public services pertaining to all provider categories. The area authority or county program shall:

- (1) establish a written notification procedure to inform each client of the complaint process concerning the provision of public services. The procedure shall include the provision of written information explaining the client's right to contact the area authority or county program, the DMH/DD/SAS, DFS and the Governor's Advocacy Council for Persons with Disabilities;
- (2) seek to resolve issues of concern through informal agreement between the client and the provider and document the attempts at resolution; and
- (3) develop and implement written policies for receiving, processing, referring, investigating and following up on complaints. The policies shall include:
 - (A) safeguards for protecting the identity of the complainant;
 - (B) safeguards for protecting the complainant and any staff person from harassment or retaliation;
 - (C) procedures to receive and track complaints;
 - (D) procedures to assist a client in initiating the complaint process;
 - (E) procedures for encouraging the complainant to communicate with the provider to allow for resolution of the issue;
 - (F) methods to be used in investigating a complaint;
 - (G) options to be considered in resolving a complaint, including corrective action and referral to the DMH/DD/SAS, DFS, DSS or other agencies as required; and
 - (H) procedures governing appeals made by the provider;

(b) When the area authority or county program refers the complaint to the State or local government agency responsible for the regulation and oversight of the provider, the area authority or county program shall send a letter to the complainant informing them of the referral and the contact person at the agency where the referral was made.

(c) The area authority or county program shall contact the State or local government agency where the referral was made within 120 days of the date the area authority or county program received the complaint to determine the actions the State or local government agency has taken in response to the complaint. The area authority or county program shall ensure the State or local government agency's response is provided to the complainant and the client's home area authority or county program, if different.

*History Note: Authority G.S. 122C-112.1; 143B-139.1;
Temporary Adoption Eff. July 1, 2003;
Eff. July 1, 2004.*

10A NCAC 27G .0607 COMPLAINTS PERTAINING TO CATEGORY A OR CATEGORY B PROVIDERS EXCLUDING ICF/MR FACILITIES

(a) The area authority or county program shall respond to complaints received concerning the provision of public services pertaining to Categories A and B providers within its catchment area, except ICF/MR facilities.

(b) The area authority or county program shall make contact with the provider when investigating a complaint. The area authority or county program shall state the purpose of the contact and inform the provider that the area authority or county program is in receipt of a complaint concerning the provider.

(c) The area authority or county program shall complete the complaint investigation within 30 days of the date of the receipt of the complaint.

(d) Upon completion of the complaint investigation, the area authority or county program shall submit a report of investigation findings to the complainant, the provider and the client's home area authority or county program, if different. The report shall be submitted within 10 working days of the date of completion of the investigation. The complaint investigation report shall include:

- (1) statements of the allegations or complaints lodged;
- (2) steps taken and information reviewed to reach conclusions about each allegation or complaint;
- (3) conclusions reached regarding each allegation or complaint;
- (4) citations of law and rule pertinent to each allegation or complaint; and

(5) required action regarding each allegation or complaint.

(e) The provider shall submit a plan of correction to the area authority or county program for each issue requiring correction identified in the report. The plan of correction shall be submitted to the area authority or county program within 10 working days from the date the provider receives the complaint investigation report. The corrective actions shall not exceed 60 days from the date of the complaint investigation report.

(f) The area authority or county program shall review and respond in writing to the provider's plan of correction with approval or a description of additional required information. The area authority or county program shall respond to the provider within 10 working days of receipt of the plan of correction.

(g) The area authority or county program shall follow-up on issues requiring correction in the investigation report no later than 60 days from the date the plan of correction is approved.

(h) The area authority or county program shall refer investigation of a complaint concerning a Category A provider to DFS, or a Category B provider to DMH/DD/SAS when the area authority or county program is a party to the complaint.

(i) The area authority or county program shall provide information regarding the disposition of the complaint to the complainant and the client's home area authority or county program, if different, as soon as the investigation is concluded.

(j) The area authority or county program shall maintain copies of complaint investigation, resolution and follow-up reports for Category A and B providers for review by the Department of Health and Human Services.

History Note: Authority G.S. 122C-112.1; 143B-139.1;
Temporary Adoption Eff. July 1, 2003;
Eff. July 1, 2004.

10A NCAC 27G .0609 AREA AUTHORITY OR COUNTY PROGRAM REPORTING REQUIREMENTS

(a) The area authority or county program shall review, not less than quarterly, level II and level III incidents, complaints concerning the provision of public services and local monitoring results as part of its quality improvement process as set forth in Rule .0201(a)(7) of this Subchapter.

(b) The area authority or county program shall provide a report based on the review specified in Paragraph (a) of this Rule. The report shall be submitted to DMH/DD/SAS, the local Client Rights Committee and the Governor's Advocacy Council for Persons with Disabilities quarterly on a form provided by the Secretary via electronic means.

The report shall include the following:

- (1) summary numbers of the types of complaints, incidents and results of local monitoring;
- (2) trends identified through analyses of complaints, level II and level III incidents and local monitoring; and
- (3) use of the analyses for improvement of the service system and planning of future monitoring activities.

History Note: Authority G.S. 122C-112.1; 143B-139.1;
Eff. July 1, 2004.